

Form 8849 - Test 1

Form 8849 with Schedule 1 - Test #1

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000005

Name – ESIN SVCS INC

NameControl - ESIN

Phone – 7037811880

USAddress – 2403 Green Lane Fairfax VA 22031

Officer

Name – James R. Cook

Title - President

Phone – 7036662121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000008

Phone -7036662222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2009

binaryAttachmentCount - 0

Form 8849 - Test 1

Form 8849 Test #1	Claim for Refund of Excise Taxes	TY 2009
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Name:	ESIN SVCS INC		
Taxpayer identification number:	111000005		
Number, street, and room:	2403 Green Lane		
City or town, State, Zip code:	Fairfax VA 22031		

Schedule 1	Nontaxable Use of Fuels	<input checked="" type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternate Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Form 8849 Schedule 1 - Test #1

Form 8849 Schedule 1 - Test #1	Claim for Refund of Excise Taxes	TY 2009
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Name:	ESIN SVCS INC		
Taxpayer identification number:	111000005		
Number, street, and room:	2403 Green Lane		
City or town, State, Zip code:	Fairfax VA 22031		

Total refund (see instructions)

29,458.25

Period of claim: Enter month, day, and year in MMDDYYYY format.

From
10012009

To
10312009

Form 8849 - Test 1

1 - Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Gasoline (see Caution above line 1)	4	.183	30250	5535.75	362
b	Exported		.184			411

2 - Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Use in commercial aviation (other than foreign trade)		.15	53042	7956.30	354
b	Other nontaxable use (see Caution above line 1)		.193			411
c	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

3 - Nontaxable Use of Undyed Diesel Fuel

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Nontaxable use		.243			360
b	Use on a farm for farming purposes		.243			360
c	Use in trains		.243			353
d	Use in certain intercity and local buses (see Caution above line 1)		.17			350
e	Exported		.244			413

Form 8849 - Test 1

4 - Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Nontaxable use taxed at \$.244	.243			346
b	Use on a farm for farming purposes	.243			346
c	Use in certain intercity and local buses (see Caution above line 1)	.17			347
d	Exported	.244			414
e	Nontaxable use taxed at \$.044	.043			377
f	Nontaxable used taxed at \$.219	.218			369

5 - Kerosene Used in Aviation

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	.200	79831	15966.20	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

6 - Nontaxable Use of Alternative Fuel

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Liquefied petroleum gas (LPG)	.183			419
b	"P Series" fuels	.183			420
c	Compressed natural gas (CNG) (GGE=126.67 cu. ft.)	.183			421
d	Liquefied hydrogen	.183			422

Form 8849 - Test 1

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
e	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.243			423
f	Liquid fuel derived from biomass	.243			424
g	Liquefied natural gas (LNG)	.243			425
h	Liquefied gas derived from biomass	.183			435

7 - Nontaxable Use of a Diesel-Water Fuel Emulsion

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Nontaxable use	.197			309
b	Exported	.198			306

8 - Exported Dyed Fuel and Gasoline Blendstocks

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
a	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	.001			415
b	Exported dyed kerosene	.001			416

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000006

Name – DSSN Self Services

NameControl - DSSN

Phone – 6662633640

USAddress – 2601 Yellow Road Moberly MO 65270

Officer

Name – James R Riley

Title - President

Phone – 6662632121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000009

Phone -6662632222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear –2009

binaryAttachmentCount - 0

Form 8849 - Test 2

2009 Tax Exempt

	\$		
1/09	220.62	1	243.02
2	205.70	2	167.46
3	199.11	3	203.21
4	239.37	4	183.61
5	272.86	5	179.71
6	128.76	6	199.78
7	188.93	7	190.17
8	197.54	8	228.02
9	236.18	9	237.90
10	196.59	10	234.42
11	177.28	11	183.91
12	187.03	12	157.01
	2449.97		2408.22

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Form 8849

Form 8849 with Schedule 2 - Test #2	Claim for Refund of Excise Taxes	TY 2009
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Name:	DSSN Self Services
Taxpayer identification number:	111000006
Number, street, and room:	2601 Yellow Road
City or town, State, Zip code:	Moberly MO 65270

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input checked="" type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Form 8849 - Test 2

Schedule 2, Form 8849

Form 8849 Schedule 2 - Test #2	Sales by Registered Ultimate Vendors	TY 2009
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Name:	DSSN Self Services
Taxpayer identification number:	111000006
Number, street, and room:	2601 Yellow Road
City or town, State, Zip code:	Moberly MO 65270

Total refund (see instructions)

4,857.78

Period of claim: Enter month, day, and year in MMDDYYYY format.

From
01012009

To
12312009

Claimant's registration no.

UV **4321451598UV**
UB **4321451598UB**
UP **4321451598UP**
UA **4321451598UA**

Complete for lines 1a, 2a, 4a, 4b, 5a, and 5b. Also complete for lines 3d and 3e, type of use 14. Note: UV claimant must complete line 6 or 7 on page 3.
Complete for lines 1b and 2c.
Complete for line 2b.
Complete for line 3. See UV for lines 3d and 3e, type of use 14.

1 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a state or local government	.243	240	58.32	360
b	Use in certain intercity and local buses	.17	1764	299.88	350

Form 8849 - Test 2

2 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a state or local government	.243	2057	499.85	346
b	Sales from a blocked pump	.243	4115	999.94	346
c	Use in certain intercity and local buses	.17			347

3 Sales by Registered Ultimate Vendors of Kerosene for Use in Aviation

	Type of Use	(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	.175	5714	999.95	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

4 Sales by Registered Ultimate Vendors of Gasoline

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a nonprofit educational organization	.183	5464	999.91	362
b	Use by a state or local government	.183			362

5 Sales by Registered Ultimate Vendors of Aviation Gasoline

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a nonprofit educational organization	\$.193	5181	999.93	324
b	Use by a state or local government	\$.193			324

Form 8849 - Test 2

6 Government Unit Information

Taxpayer Identification No.	Name	Gallons
<i>111000006</i>	<i>Dally Self Service</i>	<i>120</i>

7 Nonprofit Educational Organization and Government Unit Information

Taxpayer Identification No.	Name	Gallons
<i>111000006</i>	<i>Dally Self Service</i>	<i>120</i>

Form 8849 - Test 3

Form 8849 with Schedule 3 - Test 3

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 8849

TYEndMonth – 02

Filer

EIN - 111000007

Name – EFAN Fuel Association

NameControl - EFAN

Phone – 7853465656

USAddress – 2403 Purple Avenue Osborne KS 67473

Officer

Name – James R Cook

Title - President

Phone – 7853462121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000010

Phone -7853462222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2009

binaryAttachmentCount - 1 8453-EX Excise Tax Declaration for an IRS e-file Return

Form 8849 - Test 3

Form 8849 - Test #3

Form 8849 with Schedule 3 - Test 3	Claim for Refund of Excise Taxes	TY 2009
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Name:	EFAN Fuel Association
Taxpayer identification number:	111000007
Number, street, and room:	2403 Purple Avenue
City or town, State, Zip code:	Osborne KS 67473

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input checked="" type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Form 8849 - Test 3

Form 8849 Schedule 3 - Certain Fuel Mixtures and the Alternative Fuel Credit

Form 8849 Schedule 3 - Test #3	Certain Fuel Mixtures and the Alternative Fuel Credit	TY 2009
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Name:	EFAN Fuel Association
Taxpayer identification number:	111000007
Number, street, and room:	2403 Purple Avenue
City or town, State, Zip code:	Osborne KS 67473

Total refund (see instructions)

1,092.35

Claimant's registration no.

613342241 M, UV

Period of claim: Enter month, day, and year in MMDDYYYY format.

**From
02012009**

**To
02282009**

1 Alcohol Fuel Mixture Credit

	(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a Alcohol fuel mixtures containing ethanol	.45	1183	532.35	393
b Alcohol fuel mixtures containing alcohol (other than ethanol)	.60			394

2 Biodiesel or Renewable Diesel Mixture Credit

	(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a Biodiesel (other than agri- biodiesel) mixtures	1.00			388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307

Form 8849 - Test 3

3 Alternative Fuel Mixture Credit

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Liquefied petroleum gas (LPG)	.50			426
b	"P Series" fuels	.50			427
c	Compressed natural gas (CNG)(GGE = 121 cu. ft.)	.50			428
d	Liquefied hydrogen	.50			429
e	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.50			432
h	Liquefied gas derived from biomass	.50	1120	560.00	436
i	Compressed gas derived from biomass (GCE = 121 cu. ft.)	.50			437

Form 8849 - Test 4

Form 8849 with Schedule 5 - Test 4

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000010

Name – WBCN Boat Company

NameControl - WBCN

Phone – 4102570819

USAddress – 1212 Blue Street North Beach MD 20714

Officer

Name – William R Smith

Title - President

Phone – 4102572121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000011

Phone -4102572222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2009

binaryAttachmentCount - 0

Form 8849 - Test 4

Form 8849 Schedule 5 - Test #4

Form 8849 with Schedule 5 - Test 4	Claim for Refund of Excise Taxes	TY 2009
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Name:	WBCN Boat Company
Taxpayer identification number:	111000010
Number, street, and room:	1212 Blue Street
City or town, State, Zip code:	North Beach MD 20714

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input checked="" type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Form 8849 - Test 4

Schedule 5, Form 8849 - Section 4081(e)

Form 8849 Schedule 5 - Test #4	Section 4081(e) Claimss	TY 2009
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Name:	WBCN Boat Company
Taxpayer identification number:	111000010
Number, street, and room:	1212 Blue Street
City or town, State, Zip code:	North Beach MD 20714

Total refund (see instructions)

1657.00

Claimant's registration no.

613342241 M

Part I Claim for Refund of Second Tax.

Type of Fuel	(a) Amount of refund	(b) CRN
1 Gasoline	1657.00	362
2 Aviation gasoline		324
3 Diesel fuel		360
4 Kerosene		346
5 Diesel-water fuel emulsion		309
6 Dyed diesel fuel, dyed kerosene, and other exempt removals		303
7 Kerosene for use in aviation		369
8 Kerosene for use in commercial aviation (other than foreign trade)		355

Part II Supporting Information Required

(c) Type of fuel Enter line number from Part I.	(d) Date second tax liability incurred Use MMDDYYYY format.	(e) Gallons of fuel claimed	(f) Amount of second tax paid
1	06092009	10000	1657.00

Form 8849 - Test 4

(c) Type of fuel	(d)	(e)	(f)
Enter line number	Date second tax liability	Gallons of fuel claimed	Amount of second tax paid
from	incurred		
Part I.	Use MMDDYYYY format.		

Form 8849 - Test 5

Form 8849 with Schedule 6 - Test 5

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN Number

ReturnType - 8849

TYEndMonth – 08

Filer

EIN - 111000008

Name – FSIN Services INC

NameControl - FSIN

Phone – 6628752222

USAddress – 3509 Orange Lane Glen Allan MS 38744

Officer

Name – Phil P Way

Title - President

Phone – 6628732121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000012

Phone -6628732444

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2009

binaryAttachmentCount - 0

Form 8849 - Test 5

Form 8849 (with Schedule 6) - Test #5

Form 8849 with Schedule 6 - Test 5	Claim for Refund of Excise Taxes	TY 2009
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Name:	FSIN Services INC
Taxpayer identification number:	111000008
Number, street, and room:	3509 Orange Lane
City or town, State, Zip code:	Glen Allan MS 38744

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input type="checkbox"/>
Schedule 6	Other Claims	<input checked="" type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input type="checkbox"/>

Form 8849 - Test 5

Schedule 6, Form 8849 - Other Claims

Form 8849 Schedule 6 - Test #5	Other Claims	TY 2009
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Name:	FSIN Services INC
Taxpayer identification number:	111000008
Number, street, and room:	3509 Orange Lane
City or town, State, Zip code:	Glen Allan MS 38744

Total refund (total of lines 1–5)

752.10

Enter the earliest and latest dates of the events included in this claim. Enter in MMDDYYYY format

Earliest date

05212009

Latest date

06222009

	Tax	Amount of refund	CRN
1	<i>Federal excise tax on undyed diesel fuel taxed at \$.244.</i>	752.10	310
2			
3			
4			
5			
6			
7			
8			

Use the space below for an explanation of each tax claimed.

Filed pursuant to IRS procedures for claiming refunds on federal excise taxes levied on fuel used to produce a diesel-water fuel emulsion containing at least 14% water. The emulsion additive is registered by a United States manufacturer under Section 211 of the Clean Air Act with the EPA.

16, 350 gallons x \$.046 = 752.10

Form 8849 - Test 6

Form 8849 with Schedule 8 - Test 6

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN NumberReturnType - 8849

TYEndMonth -12

Filer

EIN - 111000009

Name – SOCN Oil Company

NameControl - SOCN

Phone – 3072213790

USAddress – 5703 Red Oak Street Lander WY 82520

Officer

Name – Mary A Cook

Title - President

Phone – 3076662121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – James Doe

SSN or PTIN – 000000013

Phone -3076662222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2009

binaryAttachmentCount - 0

Form 8849 - Test 6

Form 8849 (with Schedule 8) - Test #6

Form 8849 with Schedule 8 - Test 6	Claim for Refund of Excise Taxes	TY 2009
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Name:	SOCN Oil Company
Taxpayer identification number:	111000009
Number, street, and room:	5703 Red Oak Street
City or town, State, Zip code:	Lander WY 82520

Schedule 1	Nontaxable Use of Fuels	<input type="checkbox"/>
Schedule 2	Sales by Registered Ultimate Vendors	<input type="checkbox"/>
Schedule 3	Certain Fuel Mixtures and the Alternative Fuel Credit	<input type="checkbox"/>
Schedule 5	Section 4081(e) Claims	<input type="checkbox"/>
Schedule 6	Other Claims	<input type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input checked="" type="checkbox"/>

Form 8849 - Test 6

Schedule 8, Form 8849 - Registered Credit Card Issuers

Form 8849 Schedule 8 - Test #6	Registered Credit Card Issuers	TY 2009
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Name:	SOCN Oil Company
Taxpayer identification number:	111000009
Number, street, and room:	5703 Red Oak Street
City or town, State, Zip code:	Lander WY 82520

Total refund (see instructions)	629.88
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Claimant's registration no. CC	234-002851
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Period of claim: Enter month, day, and year in MMDDYYYY format.	From 10012009	To 12012009
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1 Sales of Undyed Diesel Fuel

	(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
Use by a state or local government	\$.243			360

2 Sales of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

	(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
Use by a state or local government	\$.243			346

Form 8849 - Test 6

3 Sales of Kerosene for Use in Aviation

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a state or local government (kerosene taxed at \$.244)	\$.243			346
b	Use by a state or local government (kerosene taxed at \$.219)	.218			369

4 Sales of Gasoline

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a nonprofit educational organization	\$.183	3442	629.88	362
b	Use by a state or local government	.183			362

5 Sales of Aviation Gasoline

		(a) Rate	(b) Gallons	(c) Amount of refund Multiply col. (a) by col. (b)	(d) CRN
a	Use by a nonprofit educational organization	\$.193			324
b	Use by a state or local government	.193			324
